

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO.
101570586
APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								51					
3								53					
4								54					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.								TOTAL REQ.	2				
TOTAL DEP.								TOTAL DEP.	6				
TOTAL CLAIMS								TOTAL CLAIMS	103				